



# REQUEST FOR OPEN PUBLIC RECORDS

## RECORD REQUEST INFORMATION (To be completed by Requestor – Please Print)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Record Requested (please be specific)  
\_\_\_\_\_  
\_\_\_\_\_

Request Type (please circle)  
*Inspection Only / Duplication*

*(Most records will be provided within three (3) full business days from the date of request)*

I hereby declare that I do not intend to, and will not:

- (a) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or
- (b) Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person who resides at any address listed.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

## RECORD FEES (To be completed by Record Custodian)

*The Kansas Open Records Act authorized public agencies to charge reasonable fees (which may be requested in advance) for providing access to or furnishing copies of public records.*

Retrieval Time: \_\_\_\_ Hours \_\_\_\_ Minutes **X** \$2.50 per 10 minutes = \$ \_\_\_\_\_

Duplication: \_\_\_\_ Total Pages (less 11 pages) \_\_\_\_ **X** \$.10 per page = \$ \_\_\_\_\_

Other (may include postage, data processing, etc.) at actual cost = \$ \_\_\_\_\_

**TOTAL FEE DUE** = \$ \_\_\_\_\_

(It is the City's policy not to charge for retrieval time of less than 6 minutes or duplication of the first 11 pages.)

**YOUR COPY OF THIS FORM SHALL SERVE AS YOUR RECEIPT**

## RESULT OF RECORD REQUEST (To be completed by Record Custodian)

Was the Request Fulfilled? (please circle): **YES /NO** If "YES", the date provided: \_\_\_\_\_

If "NO", reason for not providing request (please check):

- \_\_\_\_ Request not in record form
- \_\_\_\_ Request not specific enough
- \_\_\_\_ Other (please specify)  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_ Record does not exist
- \_\_\_\_ Record is closed per K.S.A. 45-221
- \_\_\_\_ Record restricted by Federal law, State statute, or Kansas Supreme Court decision

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If you have any questions about your record request, please contact the City of Salina Freedom of Information Officer located in the City Clerk's Office at (785) 309-5735.*